

**Governor's Commission
To Review and Advise on the Implementation of
New Hampshire's Medicaid Care Management Program**

**FINAL MINUTES
May 1, 2014
1:30 – 4:30pm
Plymouth Senior Center 8 Depot Street, Plymouth, NH**

Welcome and Introductions:

The meeting was called to order by Commissioner Mary Vallier-Kaplan at 1:30pm. Present in addition to Commissioner Vallier-Kaplan were Commissioners Donald Shumway, Vice Chair, Nicholas Toumpas, Gustavo Moral, Jo Porter, Ken Norton, Tom Bunnell, Yvonne Goldsberry, Doug McNutt, Sue Fox and new member Roberta Berner.

Commissioner Vallier-Kaplan welcomed Roberta Berner to the Commission acknowledging her experience and knowledge of elder services as well as of the North Country communities. Commissioner Vallier-Kaplan welcomed those who had come to the meeting and encouraged them to ask questions throughout the meeting. She also acknowledged that the Commission was entering its second year of work thanking the Commissioners for their service.

The Commission received a letter from the NH Child Fatality Review Committee regarding coverage of home visiting of pregnant mothers and infants. The letter has been referred to Commissioner Gladstone who is working on this issue on behalf of the Commission.

The Commission received a letter from the NH Chapter of the American Physical Therapy Association regarding access and timeliness of services for their Medicaid clients under the new Medicaid Care Management system. This letter was referred to DHHS for follow up. .

Commissioner Vallier-Kaplan also reported that DHHS had satisfactorily responded in writing to Transport NH regarding the questions that they had posed to the Commission at an earlier meeting. Commissioner Moral however is continuing to pursue learning more about transportation issues to date from others and will report back at a future meeting.

A motion was made and seconded to approve the minutes from the April meeting

VOTE: To approve the Minutes of April 3, 2014 with corrections. Unanimously Approved.

DHHS Update:

Commissioner Toumpas provided an update on the implementation of the Medicaid Care Management program. A data report was not able to be produced for May given the early date of the Commission's meeting however he was able to share some information that he recently received. The Department produces a dashboard on caseloads on a monthly basis. From January to March, Medicaid caseloads increased by 9,000 due to a change in how eligibility is calibrated, which is by using Modified Adjusted Gross Income. Of those 9,000, 28% are women caregivers, 60% children and 7% pregnant women. The number of those enrolled in the Care Management Program is now up to 119,000.

Of those enrolled who receive waived services, 55% are in Care Management.

The New Hampshire Health Protection Program, Medicaid Expansion, enrollment is due to open on May 1st, or as soon as approved by CMS.

There are 5 components involved in the legislation that established the new program

1. It has to be approved by CMS
2. It has to be approved by the Fiscal Committee, which meets on 5/22.
3. There is a separate Medicaid transformation waiver required under SB 413. The draft application that will be submitted to CMS is on the Department's website. There will be 2 public hearings held-- one on 5/8 at Public Health on Hazen Drive in Concord and the other on 5/12 at the NH Hospital Association.
4. For the Health Protection Program, a number of contracts need to be put in place for enrollment and implementation.
5. There also are a number of systems changes needed.

MCM Step 2—Long Term Services and Supports: There is an internal group working being lead by Lorene Reagan. They are working on how to address the waivers and adding a behavioral therapy benefit for children with autism

Governor Hassan and Commissioner Toumpas will announce when Step 2 will be implemented. As of now, they are still not in a place to say when that will start.

Commissioner Toumpas explained the approach being taken for the Care Management Program with the Ombudsman Office. The Department has added a part time ombudsman as of the end of March with the primary responsibility for MCO complaints. Commissioner Toumpas gave out the numbers for the Ombudsman 603-271-6941 or 1-800-852-3345 ext. 3941. Chuck Weatherill is in charge of this office.

Substance Abuse Disorder benefits are not covered by Medicaid today but will be available for the new population as required by the Affordable Care Act. Commissioner Toumpas explained that a key component is addressing adequate provider capacity. He said the Department has to be able to deliver these services. The State is trying to develop rules with infrastructure.

Commissioner Toumpas said that he received a letter from Stakeholders encouraging the Department to work with the MCOs standardize and stream line the processes.

Commissioner Bunnell thanked Commissioner Toumpas for the helpful update on the expansion waiver that has been introduced. He would like Commissioner Toumpas to think about the stakeholders' proposal and bring back to the Commission answers at a later date.

Commissioner Shumway asked about the status of the contracts with the MCOs.

Commissioner Toumpas said that the Department is updating the rates for the current population and the expansion population that will require contract amendments. He said the State continues to meet with the three MCOs on a weekly basis. There are aggressive timelines to negotiate the contract changes, including base level rates, and other components such as rates for the newly eligible. The Department also has to determine the final benefit package so that the rates can be established by its actuaries.

Commissioner Bunnell asks Commissioner Toumpas if there is an update on the MCOs contracting with the Community Mental Health Centers.

Commissioner Toumpas said that he doesn't have the details but the Department has given both the MCOs and Community Mental Health Centers identical information on how the rates for behavioral health services were set so they are working from the same starting point.

Commissioner Vallier-Kaplan clarified the role the Commission plays. She said that they have had several questions about the process for complaints.

1. Contact the MCOs
2. Next contact the Department if your needs are not met.
3. And then, if still not resolved, let the Commission know.

Commissioner Toumpas added that people should contact Medicaid Client Services at 1-800-852-3345 or 603-271-9446.

For providers, Betsy Hippensteel is the contact person and her number is 271-9404.

Question from the Public – In Step 2 will there be inclusion of the ABA benefit that details the mechanism of the State Plan Amendment? And will there be an opportunity for stakeholders to give input?

Commissioner Toumpas said that he didn't have that information but would be happy to get it and report back. He said there is expected to be significant input from stakeholders.

Question from Public – What is the participation of stakeholders in Step 2?

Commissioner Toumpas responded that the Step 2 timeline is being developed.

Comment from Public – Rep. Laurie Harding recommended that the Commission send a resource list to all Legislators in the House and Senate so they know where to send their constituents.

Question from Public: Will the Alternative Benefit package include personal care attendants? The individual said it will save the system money and wants to make sure it is included
Commissioner Toumpas said the Department is keeping the benefits as close to the current benefits as possible.

Data Report:

Commissioner Porter reported that May data will be provided in the next few weeks. The full first report is anticipated in July.

Aging and Medicaid Care Management

Commissioner McNutt introduced Steve Norton, Executive Director, NH Center for Public Policy Studies, to provide a presentation on Aging, Managed Care and the Long Term Care System. Presentation is attached.

Commissioner Norton asked why home care isn't going up.

Mr. Norton: Nursing home services are a distribution of services, and most choose to use home services rather than home care.

Commissioner McNutt explained that a lot of the cuts in social services that were cited by Mr. Norton were not cuts that the Department wanted to make. They were the result of the shift in financing that left the counties with the responsibility to provide the match to the federal funds for long term care Medicaid services. The result was that when BEAS had to make budget cuts, the only programs they could cut to save general fund dollars were in the social and preventive services. This is a consequence we should address as we go forward in managed care. What we are learning from phase 1 that will be concerns in phase 2 is that some of the problems that have been raised in step 1 will be an even greater concern in step 2. We have experienced questions on transportation and pharmacy issues, medical supplies, prior authorizations and how it is changing and creating problems for providers and consumers.

Commissioner McNutt states that there is more trouble with our smaller providers than bigger ones. In Step 2 he sees more issues with the smaller providers, because there will be more of them and they will be less able to deal with complex billing and reimbursement issues than the step 1 providers.

Question from the public: What is the typical home line item in the budget?

Mr. Norton: It is facilities like Glenncliff and ones that are dealing with complex care needs, ventilators, or high level monitoring.

Question from the public: What is included in the per-diem rate?

Commissioner Toumpas: It depends on who has the responsibility for what. It is critical preparation on how to build organized care for complex patients. Long term care world is very difficult to navigate, as we need to restrain growth on costs. We are in the process of reviewing how other states are doing this such as NY who has PACE, MLTC Services, Medicaid Advantage. FL has all the insurance companies backing them.

Mr. Norton” Most MCOs have little experience working with an older population”.

Commissioner Fox suggests that the Commission’s current focus on the impact of the aging of NH’s population is an opportunity to impact change. We need to find a way to include clients and providers in the conversation.

Question from Public: It would be valuable to have the county nursing homes present at the meetings. How does Phase 2 of Medicaid Care Management affect us? As we create a budget for 2015, how do we create a budget for long term care if we don’t know what that system is going to look like?

Mr. Norton: Prevention is our incentive to help people avoid having to enroll in Medicaid when they are older. We need to aggressively manage the needs of clients ages of 55-64. Long-term insurance should be encouraged but the product is not easily obtainable.

Commissioner Shumway asks to describe the program that continuing care programs that are managed by urban areas.

Mr. Norton: There is a limited concept of choice. Services that have to be provided as no one else would take them.

Question from the public: Can’t the counties just say we’re not in this business and not pay?

Mr. Norton: The County has a legal responsibility to cover the care of elders in their community in the nursing home.

Susan Lombard, Director of Operations, DHHS Bureau of Elderly and Adult Services was introduced.

Susan Lombard talked about care coordination and the program Choices for Independence. This program services people age 18 and up who are on Medicaid and up to those in long term care. The Medicaid program serves about 2800 people a month. These people have approved medical needs. The average cost per person is \$1,500.00 a month. This allows a person to receive services at home. They don’t have to go to an assisted living facility and can still get the continuum of care from a small amount of services up to a protective and supported environment.

Ms. Lombard explains that there is a critical need for care coordination. Some is around complex needs as well as acute care. We need coordination across all payer sources to work closely with healthcare providers. The main point is coordinating across spectrum and cost controls to keep in communities as long as possible.

Question from the Public: Isn't there already a significant portion already enrolled?

Ms. Lombard: 35% of Choices for Independence are already enrolled in Managed Care program.

Discussion of Recommendation # 4 led by Commissioner Norton:

Commissioner Norton states that there has been a lot of work done on issue with a lot of components.

- Integrated with Medical Homes – has been an advantage to moving forward.
- Very pleased with four ways of services in meeting with key stakeholders. Affordable care act – Mental Health Services on how it all gets defined.
- Existing Medicaid benefit holders would be offered services as soon as possible; it has been delayed in Step 2. It is to be 100% funded by Federal funds for current population for current Medicaid holders it would be from State and need to be matched. State doesn't have that money.
- Reimbursement and incentive rates for those that need to be recognized from capacity as of right now. Includes any licensed counselor. They could be reimbursed at higher rate for different credential programs than outpatient programs. Care organizations only allow the high credential to be reimbursed. Current professional are already providing services and it is moving so rapidly. There is a need to work with stakeholders waiting for formal clarifications.

Commissioner Vallier-Kaplan clarified that Recommendation #4 is currently on hold. It is possible to bring back to the table based on status of where we are in successfully implementing the benefit. The Commission voted and approved for it to be tabled for now.

Public Comments and Questions:

Public question: The Department submitted State Plan Amendments. In the Home Health models do you plan to include the substance abuse order under that?

Commissioner Toumpas: It's on the table in Step 2 but has not been submitted. There are so many programs, we need to step back and look at and focus on looking at some type of program that puts the client at the center of the issue and going from there.

Public Question: Services from MCO are horrendous especially regarding prior authorization issues. Different MCOs have different protocols and services. Delay in reimbursements have impacted our organization but also are hurting the families and children. It seems to be getting worse not better.

Commissioner Toumpas: He would like to know about these issues as he is unable to address them unless he is told about them. You can also address your concerns to the members of the MCO Advisory group.

Question: Would it be possible to give your number to people who want direct information from insurance companies?

Commissioner Toumpas gave out his contact information and encouraged anyone to call or contact him.

The Medical Director of Meridian also asked that he be contacted regarding the issues that clients are having. Wellsense explained that member experience is their highest priority and also distributed contact information.

Question from the Public: While WellSense has responded to her earlier issues, she is getting denials for medication again. She is concerned about the lack of clarity of the prior authorization process and what exactly is needed for such. \

Commissioner Toumpas: These are exactly the types of things that will be discussed at an upcoming meeting with area agencies and the MCO's to address these issues.

Public Comment: The NH Disabilities Rights Center is concerned that people are not receiving a written denial letter from the MCO's as to why their request is being denied. It is a requirement of Federal law that the client as well as the provider must receive a letter of denial

Meridian responded that letters from Meridian absolutely do go out. The client also receives a verbal call as well as a letter. However the call may precede the letter.

Commissioner Toumpas responded that this is a systemic issue – a contract compliance issue and he will look into it further.

Next meeting is in Portsmouth on June, 2014.

The meeting adjourned at 4:30pm